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Supermax As a Safety Measure

The increasing use of “supermax” prisons in America since the 1980s has become a topic of extensive controversy. Supermax facilities are designed to confine prisoners in single-cell isolation for (on average) twenty-three hours per day. Tiny, sparse concrete cells (six by eight feet), fluorescent bulbs, little to no natural light—these are common characteristics of supermax. Confinement in these facilities has been criticized widely for a number of reasons, including the steep cost required to maintain supermax units, as well as the conviction that conditions in supermax are inhumane and violate constitutional rights.

This essay, however, will focus on the utility of solitary confinement, with a concentration on its use as a safety measure. Those who support the use of solitary confinement often claim that it is a tool used to set apart the “worst of the worst” prisoners in punitive isolation, thus promoting and maintaining safer prison environments. However, drawing from current data on prison conditions, as well as from the considerable body of research documenting the harmful psychological effects that accompany isolation, I will demonstrate that the use of supermax facilities does not, in fact, correlate to increased prison safety. Further, looking closer at who undergoes solitary confinement and the kinds of mental health consequences they endure reveals that punitive isolation may have the entirely opposite effect—increasing prisoners’ propensity for aggression when they are released back into the company of others.

In 2005, eminent sociologist Daniel Mears recognized that while supermax confinement was a hot debate topic, “a fundamental set of questions” had gone unaddressed in the discourse.

“What exactly are the goals of supermax prisons” and “are these goals achieved?” Mears asked (Mears 6). In a polling of prison wardens from all over the U.S., Mears found that while prison officials differed widely in their opinions of how solitary confinement affects the prisoners subjected to it, “more than 90 percent of wardens said they agreed or strongly agreed that supermax prisons exist to increase safety, order and control throughout the prison system and to incapacitate violent and disruptive inmates” (Mears 7). I bring up Mears’ study because although it does not necessarily reflect current opinions among prison officials, the notion that supermax facilities promote safety is a popular one among proponents of solitary confinement. In the following paragraphs, I will show first that this opinion rests on misconceptions about who ends up in solitary confinement, and secondly that understanding the targets of solitary confinement elucidates why it is both ineffective at maintaining order in prisons and can potentially lead to even more violence and aggression.

First, a central myth regarding who winds up in solitary confinement must be debunked. In a recent report aimed at exposing common misconceptions about supermax, the Vera Institute of Justice notes, “It is still widely believed that the incarcerated people who end up in segregated housing are the worst of the worst, the most feared, the incorrigibly dangerous” (Shames, Wilcox, and Subramanian 12). In reality, people wind up in solitary confinement for all sorts of reasons, many unconnected to a prisoner’s violent actions. Although prisoners are frequently placed in segregated housing for behavioral issues, Vera reports that “disruptive behavior—such as talking back, being out of place, failure to obey an order, failing to report to work or school, or refusing to change housing units or cells—frequently lands incarcerated people in disciplinary segregation” (Shames, Wilcox, and Subramanian 14). Talking back is hardly an indicator of the

“worst of the worst” criminal. Moreover, prisoners more prone to breaking these types of rules are often the ones for whom solitary confinement is most damaging.

Because the infractions that land a prisoner in solitary confinement can often be relatively minor in severity, people who have trouble following basic prison rules are particular targets. Prison psychologist Terry Kupers explains that “mentally disordered prisoners... tend to have great difficulty coping with the prison code,” and “often it is the symptoms of the mental disorder that cause the prisoner to be sent to a lock-up unit” (Kupers 18, 31). A number of studies agree that mentally ill prisoners are disproportionately represented in supermax units. Craig Haney, a well-known prison psychologist, estimates “about a third of prisoners in solitary confinement are mentally ill,” (Haney 14). Similarly, the Vera Institute reports that mentally ill people make up “one-third to one-half of all incarcerated people in segregated housing” (Shames, Wilcox, and Subramanian 17). These statistics are particularly alarming because an enormous body of research suggests that not only is punitive isolation psychologically damaging, but its effects “are compounded for people with mental illness” (Shames, Wilcox, and Subramanian 17).

A study of prisoners at Mississippi State Penitentiary confirmed that mentally ill prisoners “became more disturbed in administrative segregation.” Experts observed a “cycle of psychosis, disturbed behavior, use of force, further clinical deterioration, and increasingly psychotic behaviors” (Kupers et al. 1040). In other words, prisoners with mental illnesses acted out, received punishment and experienced further exacerbation of their symptoms, causing them to act out with even more frequency. These cycles “put severe pressure on...everyone who lived and worked in [the unit]” (Kupers et al. 1040). This study highlights how the severe psychological harm that solitary inflicts on the mentally ill affects everyone around the unit—the

guards, the prison officials, and the other prisoners. But the core problem here, as the study explains, is that most of these prisoners “must eventually be released” (Kupers et al. 1048). So, instead of providing adequate mental health services to work towards improving behavioral problems, the prison system subjects mentally ill prisoners to harsh forms of isolation, worsening their mental conditions and then eventually reintegrating the same people back into general prisons! As the Vera Institute writes, “These psychological effects have the potential to undermine significantly an incarcerated person’s adjustment back in the prison’s general population or the community to which he or she returns” (Shames, Wilcox, and Subramanian 17). Confining the mentally ill in supermax potentially means the reintroduction of even more violent, dangerous, psychotic individuals back into general prison populations.

But mentally ill prisoners are not the only ones who sustain psychological damage from solitary confinement. Literature on the deleterious psychological effects of solitary confinement on *any* person, stable or not, exists in abundance. In fact, studies on the problematic symptoms of sensory deprivation connected with punitive isolation date back to the nineteenth century, when the American prison system revolved around the use of harsh solitary confinement in penitentiaries. As psychologist Stuart Grassian outlines, “As early as the 1830s statistical evidence began to indicate an increased incidence of physical morbidity and mortality, as well as of insanity, among prisoners exposed to especially rigid forms of solitary confinement” (Grassian 1450). Grassian was the first to describe an actual syndrome that he noticed overwhelmingly present in prisoners subjected to solitary confinement. He details the symptoms of this syndrome as including “generalized hyperresponsivity... perceptual distortions,” and “hallucinations” (Grassian 1452). Prisoners found themselves extremely sensitive to and bothered by tiny noises, believing they were hearing things, or thinking they were going crazy.

All of these are symptoms of psychosis. Grassian connects these symptoms to the fact that prisoners in solitary confinement have “no means by which to corroborate what they thought they heard.” The following account is from a prisoner involved in a study on solitary confinement conducted by Grassian in 1983: “I overhear the guards talking. Did they say that? Yes? No? It gets confusing. I tried to check it out with [the prisoner in the adjoining cell]; sometimes he hears something and I don’t. I know one of us is crazy, but which one? Am I losing my mind?” (Grassian 1452).

This is one example of the frightening anxiety, paranoia, and stress induced by conditions of solitary confinement. This is a *relatively stable individual*. One can imagine how these conditions might be irreversibly harmful to those with pre-existing mental health problems! Psychologist Craig Haney drives the point home: “We have known for well over a century that placing people in conditions of severe isolation for long periods of time places them at dire risk of grave psychological harm” (Haney 12). So why are we producing a situation where psychotic prisoners are assimilated back into general prison populations?

Supporters of solitary confinement practices worry that without supermax facilities, prisons have no way of disciplining violent prisoners, and thus violence within prisons will grow unmanageable. However, not only is there little evidence to support the claim that segregated housing maintains order in prisons, but also studies have shown that prisons reducing their use of supermax have not experienced increases in prison violence. The Vera Institute report describes a study of three prison systems, which found little correlation between the existence of supermax and fewer instances of violence. The report states the following: “With respect to the impact on the number of prisoner-on-staff assaults after the opening of supermax facilities, although the number of staff assaults dropped in Illinois, staff injuries from prisoner assaults temporarily

increased in Arizona, and there was no effect in Minnesota on the incidents of violence directed toward staff” (Shames, Wilcox, and Subramanian 18). In short, supermax facilities did not consistently reduce instances of assault. Furthermore, the report emphasizes, “Colorado has decreased its use of segregated housing by 85 percent and prisoner-on-staff assaults are the lowest they have been since 2006” (Shames, Wilcox, and Subramanian 18). How did Colorado decrease its use of supermax? Quite simply, prisons in Colorado revised and narrowed down the rules indicating what kinds of behavior warrant placement in supermax. They also implemented step-down programs, in which prisoners in solitary who demonstrated good behavior were able to move through a series of procedures and courses working to gradually reintegrate them back into the general prison population (Shames, Wilcox, and Subramanian 18, 20). These are simple, cost-effective amendments to current processes that reduce the unnecessary use of supermax facilities. There are also straightforward alternatives that altogether eliminate the need for supermax facilities. Some experts suggest using integrated housing units, in which some of a prisoner’s privileges are revoked as punishment, but ultimately they are not subjected to the same type of sensory deprivation. What’s important to note is that supermax facilities are *not* the only way. Other methods are being implemented and utilized right now.

When we consider who the prisoners in supermax are, the effects the conditions of solitary confinement have on these prisoners, and the lack of evidence supporting that these facilities actually do help to maintain safety in prisons, it becomes shocking that punitive isolation in supermax is used so extensively throughout the U.S. What’s more, I’ve only looked at one of the myriad problems associated with supermax use, among which are its enormous expense, and the fact that many believe conditions in solitary violate constitutional rights. I am not necessarily suggesting we altogether eliminate the use of supermax facilities, but we’d be

crazy not to seriously revamp the selection process for who ends up in these facilities, and continue experimenting with alternatives.

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